

DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 94234-7320



December 1, 1993

(916) 657-2941

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-83

SUMMARY MEDI-CAL ELIGIBILITY—MC INFORMATION NOTICE 002 (9/93)

The purpose of this letter is to notify counties of the availability of a revised Summary Medi-Cal Eligibility form (MC Information Notice 002 (9/93)), and to transmit a copy of the new notice. The form has been revised to reflect changes to various limitations and need standards.

MC Information Notice 002 forms prior to (9/93) should be destroyed and counties should inform staff of the need to use the new MC Information Notice 002 (9/93). These forms may be ordered from the Department of Health Services warehouse at the address below:

Department of Health Services
1037 North Market Boulevard, Suite 9
Sacramento, CA 95834

Should you have any questions regarding the new MC Information Notice 002 (9/93) form, please contact Craig Yagi of my staff at (916) 657-1182.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

SUMMARY MEDI-CAL ELIGIBILITY*

Description of Eligible Person	Public Assistance Recipient**		Medically Needy Beneficiary***		Medically Indigent Person or Family	
	SSI/SSP Aged Blind Disabled		Linked to public assistance program but not eligible or does not want cash grant.		Not linked to a public assistance program but who otherwise qualifies as (1) person under 21, (2) adults under 65 in either a skilled nursing facility or intermediate care facility, (3) women with a verified pregnancy, (4) nonlinked refugees/entrants in first 8 months of U.S. residency.	
	AFDC Aid to Families with Dependent Children		SSI/SSP-MN AFDC-MN			
Age Limits	SSI/SSP Aged 65 or older Blind No age limit Disabled No age limit		SSI/SSP-MN Aged 65 or older Blind No age limit Disabled No age limit		Under 21.	
	AFDC Child under 18 and/or 19 if full-time student in high school or in a vocational program which can be completed before age 19. No age limit for parent.		AFDC-MN Child under 21 No age limit for parents		Adult under 65 residing in either a skilled nursing facility or an intermediate care facility, pregnant woman with a verified pregnancy, and refugee entrants in the U.S. less than 8 months.	
Residence and Citizenship	California Residence.		California Residence.			
	Documentation is required for both citizens and aliens, in USA lawfully or under the color of law.		Documentation is required for both citizens and aliens, in USA lawfully or under the color of law.			
Personal Property Limits (This does not include Business Property)	SSI/SSP Aged \$2,000 Blind \$3,000 Disabled 1 person couple		Number of Persons Whose Property is Considered		Property Limit 1993 & ongoing	
	AFDC The combined value of personal and real property that may be retained cannot exceed a net market value of \$1,000 for applicants and \$2,000 for recipients (excluding allowable exemptions). A home, regardless of its value, occupied by the assistance unit is exempt from the property limit.		1 person 2,000 2 persons 3,000 3 persons 3,150 4 persons 3,300 5 persons 3,450		Number of Persons Whose Property is Considered 6 persons 3,600 7 persons 3,750 8 persons 3,900 9 persons 4,050 10 persons 4,200	
			Community spouse resource allowance when one spouse enters long term care on or after 11/1/90 and applies in 1993 is: \$70,740.			
Motor Vehicle Limits	SSI/SSP Aged, Blind, Disabled Car exempt if market value less than \$4,500. Otherwise car may be exempt if needed for Medical transportation or employment.					
	AFDC Exempt if total net market value is under \$1,500 for applicant and \$4,500 for recipient.		1 car exempt- if used for transportation, no maximum value.			
Real Property Limits	SSI/SSP Aged, Blind, Disabled Home exempt. Other real property with net market value of \$6,000 or less providing property is producing income consistent with its value.		Principal residence (PR), including any appertaining buildings and land used as a home, is exempt if applicant/beneficiary lives there, if he/she is in long-term care (LTC) and his/her sibling or adult child lived there for at least one year prior to LTC entry and still lives there, if there is a bona fide effort to sell PR, or if there are legal obstacles to its sale. If beneficiary is in LTC and the former home is not otherwise exempt, it will remain exempt if it is listed for sale. It also will be exempt if the beneficiary has the intent to return and declares this in writing.			
	AFDC See comments under Personal Property Limit, above.		Other Nonbusiness Real Property with a net market value of \$6,000 or less is exempt if utilization requirements are met.			
Relative Responsibility	Spouse for spouse. Parent for child.		Spouse for spouse Parent for child under 21 living in the home except child with verified need for medical services which do not require parental authorization.			
Need Standard	SSI/SSP Aged or disabled \$603.40 maximum living in own home \$1109.22 couple Blind \$670.40 maximum living in own home \$1297.01 couple		Number of Persons		Medi-Cal Monthly Maintenance Need	
	AFDC Persons 1 \$ 299 2 490 3 607 4 723 5 824 6 926 7 1017 8 1108 9 1197 10 or more 1286		1 person 2 persons 2 adults 3 persons 4 persons 5 persons 6 persons 7 persons 8 persons 9 persons 10 persons Each additional person Long-Term Care.....		\$ 600 750 934 934 1,100 1,259 1,417 1,550 1,692 1,825 1,959 14 35	
Beneficiary responsible for Cost of Health Care	No share of cost for health care. Copayment may be required.		Net nonexempt income minus maintenance needs equals share of cost. Share of cost must be paid or obligated before certification for program benefits.			

* Please note that this is a general summary. For exceptions and details, refer to DSS regulations (EAS) and CCR Title 22 regulations.

** This group also includes persons eligible under the *Lynch v. Rank (Pickle)* court order, persons who are receiving in-home Supportive Services (IHSS) but not a cash grant, persons who are receiving Medi-Cal for four months after discontinuance from AFDC due to earnings or child support and persons who are not receiving a grant for administrative reasons.

*** Does not include special programs such as OMB/QWDI, Pregnancy Programs, etc.